

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

10/537227

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4			2		2	
5			2		2	
6			2		2	
7			2		2	
8			1		1	
9						
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
15			1		1	
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TOTAL IND.	3		3			
TOTAL DEP.	16	↔	18	↔		↔
TOTAL CLAIMS	19	████████	21	████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔			↔	↔
TOTAL CLAIMS		████████		████████	████████	████████